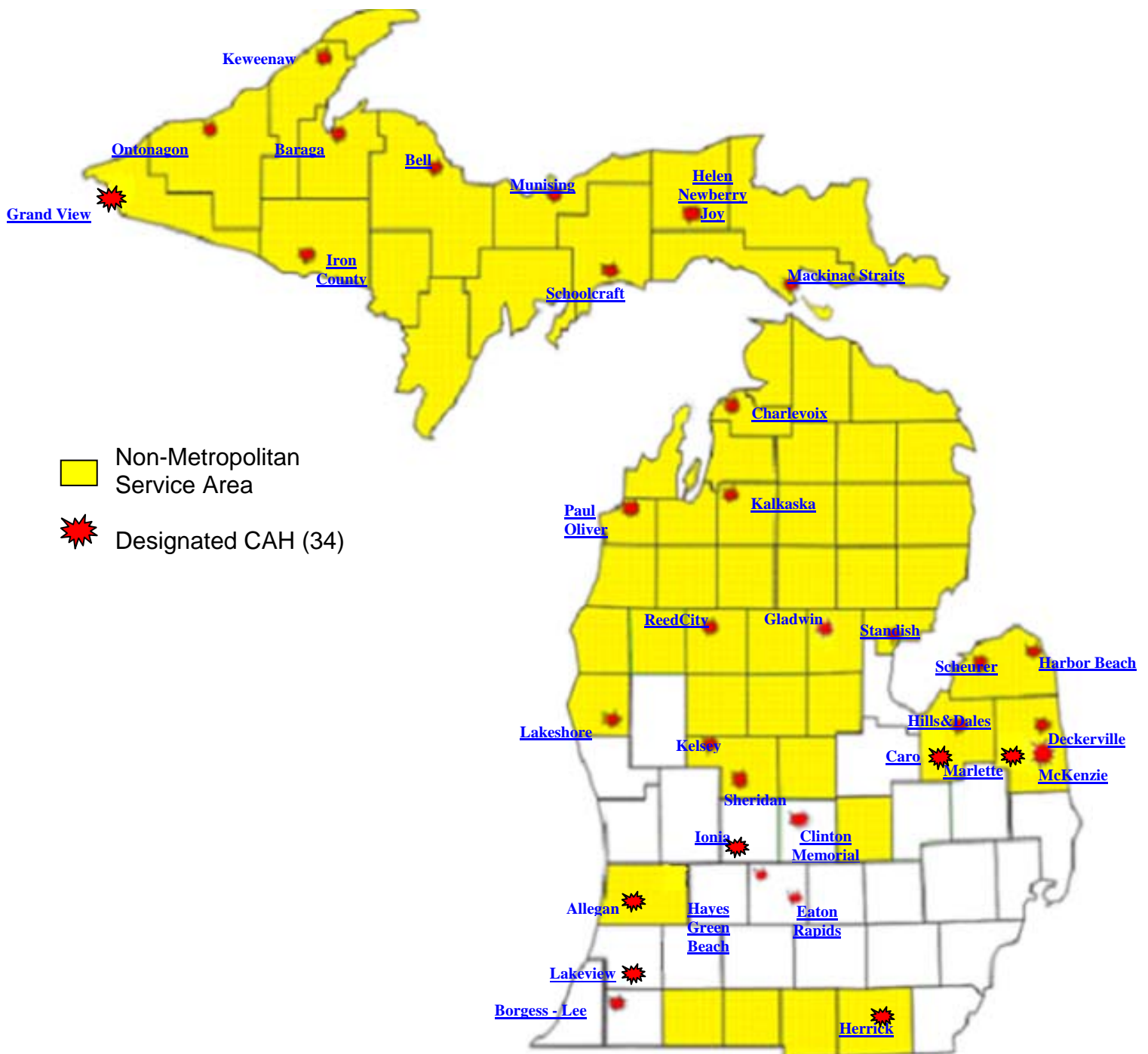




CAH Chronicle

Michigan Department of Community Health ♦ Michigan Center for Rural Health ♦ Michigan Health & Hospital Association

MICHIGAN CRITICAL ACCESS HOSPITALS





Presents: Up to Date in Telehealth

It's hard to believe that Telehealth has been around for decades, providing educational assistance and clinical applications in rural settings. Over the years there has been an expansion of services that has broadened the scope of care, and with that came the need to better distinguish the differences between telehealth and telemedicine. People are using the internet more and more, search engines like Google and Yahoo are defining our world. Wikipedia has become one of those sites to define terms and phrases. According to Wikipedia, Telehealth is being identified as the non-clinical services that are provided, such as education, administration and research. With Telemedicine being connected with the clinical based services, like those between a practitioner and his/her patient. Along with this distinction, advances are being made legislatively with the potential of increasing reimbursement and the solvency of medical services.

As recent as two years ago hospital executives were planning to put significant dollars into information technology (IT) expansion. Now those same administrators are cutting back, tightening their belts and riding out the recession with IT projects being postponed or even permanently put on hold. During this downward trend, stimulus dollars are being offered in support of IT, electronic medical records (EMR), health information exchange (HIE), broadband and telehealth/telemedicine projects. Technology is being viewed as a key in healthcare reform and economic recovery.

Along with this infusion of federal capital, legislation has been introduced by Mike Thompson (D-CA), Bart Stupak (D-MI), Lee Terry (R-NE) and Sam Johnson (R-TX), to help keep telemedicine moving forward. If passed, the Medicare Telehealth Enhancement Act (HR 2068) would provide more financial assistance, better access and reimbursement for telemedicine. Michigan is very fortunate that Representative Stupak recognizes the potential of telehealth and telemedicine. HR 2068 would expand coverage areas which have been strictly rural and include urban and suburban areas. Provisions in this bill would also allow reimbursement for doctors to monitor patients remotely.

The Medicare Telehealth Enhancement Act would make \$30 Million in grant dollars available to help facilities pay for necessary equipment or upgrades to make these expansions. It is through this type of legislation that hospitals and medical providers can realign their facility projects and put IT expansion back on as a priority. For additional information about how telehealth and telemedicine can help you, contact the Midwest Alliance for Telehealth and Technology, Toll Free at 866.603.4733, info@midwesttrc.org or visit us on the web at www.midwesttrc.org.

Source: David R. Smith, Director, MATTeR.

NORTHSTAR Health System

In 1996, Iron County General Hospital and Crystal Falls Community Hospital were merged into Iron County Community Hospital to better serve the communities. The consolidation to one hospital site provided better and more efficient medical care to the Iron County community and surrounding area. As a result, through the years they have helped generation after generation reach better health.

Today, their organization continues to strive to meet the needs of the community and surrounding area. They have expanded their services, acquiring the county ambulance service, opening physician clinics, providing new services, and remodeling and updating the main hospital campus. In 2009, in order to better reflect their growth and sense of community, Iron County Community Hospital, its ambulance service, and physician clinics have been renamed under the umbrella of NORTHSTAR Health System.

Loan Repayment Expanded

The American Reinvestment and Recovery Act (ARRA) provided approximately \$200 million additional funding for the National Health Service Corps (NHSC) Loan Repayment Program (LRP). This opportunity will assist more than 3,300 primary care providers who are seeking opportunities to serve in our Nation's neediest communities.

Beginning in June 2009 through September 2010, or as funding permits, NHSC LRP awards will be available on a first come, first served basis, for the following Primary Health Care Clinicians:

- Allopathic or Osteopathic physicians
- Certified Nurse Practitioners
- Certified Nurse Midwives
- Physician Assistants
- General Practice Dentists
- Pediatric Dentists
- Dental Hygienists
- Health Service Psychologists
- Licensed Clinical Social Workers
- Psychiatric Nurse Specialists
- Marriage and Family Therapists
- Licensed Professional Counselors.

New Features:

More Choices of Sites and Vacancies Eligible for Loan Repayment: More than 7,000 already eligible service sites will be able to post significantly more new vacancies and increase the number of clinicians' eligible for loan repayment awards at their sites. Additionally, more sites are being approved by the NHSC every day.

First-come, First-served: Loan repayment awards to primary health care clinician applicants who are interested in loan repayment will be made on a first-come, first-served basis, opening new opportunities for areas in high-need sites located in Health Professional Shortage Areas with lower HPSA scores. Applications will be accepted on an open, continuous basis until all Recovery Act funds are expended -- 15 months or sooner.

More Application Flexibility: For the first time, primary health care clinicians interested in NHSC's loan repayment program do not need to be employed at the site at the time of application.

More Efficient Application Process: Most applications will be processed within 8 weeks of receipt of a complete application (i.e., all application supporting documentation received).

National Health Service Corps clinicians are a unique group of dedicated and caring primary care providers who care for millions of people who live in communities where health care is scarce.

In exchange for two years of service at an eligible high-need site, the NHSC Loan Repayment program offers repayment of educational loans for clinicians who are providing full-time clinical services. Up to \$50,000 (less if the total outstanding loan balance is lower than \$50,000) towards qualifying educational loan debt is available. Clinicians who stay at their sites longer may be eligible to apply for additional years of support.

How to Apply: Clinicians can begin applying for this NHSC opportunity on June 2, 2009 at: www.nhsc.hrsa.gov. Or for more information, call 1-800-221-9393.

Clinical sites must be approved. The application process may take six weeks. If you are a provider seeking loan repayment contact your site administrator about applying for "site approval." If you are a hospital seeking additional providers or assisting a current provider with loan repayment you must apply for "site approval."

If you have any questions please feel free to contact: Steve Shotwell - Recruitment and Retention Services, Michigan Center for Rural Health, 517-355-7758, steve.shotwell@hc.msu.edu.

Satisfaction with Practice and Decision to Relocate: An Examination of Rural Physicians

While the Federal government has created incentives to bring physicians to rural areas, such as the National Health Service Corps program and the reformed Medicare and Medicaid payments to physicians practicing in rural areas, physician retention is still a problem and previous studies have correlated retention to satisfaction. This study examines physician satisfaction with various aspects of practice and its association with decisions to continue or discontinue practicing in a rural location.

<http://www.norc.org/NR/rdonlyres/BDA2BE23-2911-4687-A309-80A2274FEF59/0/SatisfactionwithPracticeandDecisiontoRelocateAnExaminationofRuralPhysicians.pdf>

Veterans Affairs - \$215 million in Projects for Rural Veterans

The Department of Veterans Affairs (VA) has provided \$215 million in funding to improve services specifically designed for Veterans in rural and highly rural areas.

The selection process was competitive and transparent. Veterans Integrated Service Networks (VISNs), VA's regional health care networks, and Veterans Health Administration program offices were allowed to submit up to eight proposed projects each. These proposals were prioritized and then sent to the Office of Rural Health (ORH), where they were evaluated based on, methodology, feasibility and intended impact on rural Veterans.

The ORH selected 74 programs, many of which were either national in scope or affected multiple states. Program offices validated these proposals to ensure that projects and programs were consistent with the VA mission, strategic direction, program standards, and did not duplicate existing efforts.

The new funding is part of an ambitious VA program to improve access and quality of health care -- both physical and mental -- for Veterans in geographically rural areas, with an emphasis on the use of the latest technologies, recruitment and retention of a well-educated and trained health care workforce, and collaborations with non-VA rural health community partners.

To address the unique issues facing rural Veterans, the Department created an Office of Rural Health in February 2007. In the past two years, VA formed a 16-member national committee to advise on issues affecting rural veterans, opened three Veterans Rural Health Resource Centers to study rural Veteran issues, rolled out four new mobile health clinics to serve 24 predominately rural counties, announced 10 new rural outreach clinics to be opened in 2009.

WASHINGTON – The Department of Veterans Affairs (VA)

For more information on the Veterans Office of Rural Health, go to: <http://www.ruralhealth.va.gov/>

New CMS Fact Sheet on Swing Beds

CMS recently released a Swing Bed Fact Sheet (revised April 2009). The fact sheet outlines the requirements for hospital and critical access hospital swing bed arrangements. To view the fact sheet, please [click here](#).

Recovery Audit Contractor Audit

June 23, 2009; 10:00-11:00 EST

Getting on Track for RAC – Preparing for and Surviving a Recovery Audit Contractor Audit

Presented by: Hall Render Killian Health & Lyman and the Michigan Center for Rural Health

Session Summary

- 1) RAC Basics – the purpose of RACs and how the RAC program works
- 2) Lessons Learned from the RAC Demonstration Project – the results of the Demonstration Project and how the Permanent Program is different
- 3) CGI, the RAC for Michigan (Region B) – who they are and what you should know about them
- 4) RAC Audit Preparation – establishing and managing your “RAC Team,” understanding the RAC target areas, identifying your areas of weakness, and responding to an audit request
- 5) RAC Appeal Process – the importance of the appeal process, how it works, and how to use the process to best protect your hospital’s interests

Presenters: Joan L. Lowes, Esq. and Elizabeth Callahan-Morris, Esq. of Hall Render Killian Heath & Lyman

Region 3 Healthcare Preparedness Network Hosting

Third Annual Mass Fatality Conference “Help! My Morgue is FULL! – June 25th

Region 3 is hosting its third annual Region 3 Mass Fatality Conference on June 25th. This year the conference’s title is “Help My Morgue Is Full!” and is targeted not only towards healthcare agencies, but also Medical Examiners, M.E. Investigators, and funeral directors. The presentations include a review of the 2009 Region 3 morgue survey, The Role and Capabilities of the Medical Examiners Office, 2008 Greenburg Kansas, EF5 Tornado mass fatality incident by Mr. Ray Stegman, Emergency Manager, who oversaw the response to that event and Your responsibilities in dealing with deaths by Kathy Wahl, M.E. Investigator.

Continental breakfast and lunch are provided and parking is free. Registration for this conference may be completed at the Region 3 website: www.region3hpn.org. There is no charge for this event, which are supported by the Region 3 ASPR HPP grant.

SAVE THE DATE

Michigan’s Trauma System ~ Preparing for Implementation

August 17, 2009 - Sheraton Hotel, Lansing, MI

Presented by the State of Michigan – MDCH & the Michigan College of Emergency Physicians

TOPICS INCLUDE:

- Trauma Triage Criteria
- Regional Trauma Networks-Guide to Implementation
- Regionalization Initiatives: Stemi, Stroke & Peri-Natal
- Burn Surge Plan
- Challenges in Moving the Trauma System Forward

For further information & to register ~ www.mcep.org

GRAND ROUNDS:

PHARMACY

ARTHRITIS

GERIATRIC

NURSING

PSYCHIATRY

SOCIAL WORK

EMS TELECONFERENCES

A full description of all Grand Rounds presentations are at: www.mcrh.msu.edu/ and click on Grand Rounds.

For more information on any of the Grand Round education sessions, contact Phyllis Ball, Education Coordinator at: ballp@msu.edu or 517-355-8250.

Quality Improvement & Risk Management Training

Five training modules on integrating quality and risk management. You will learn:

- Expectations regarding risk management and quality improvement
- Components of a risk management program and implementation strategies
- Components of a quality improvement program and implementation strategies

Each training module is led by George Rust, MD, MPH, deputy director of the National Center for Primary Care at Morehouse School of Medicine. His expertise about integrating quality and risk management comes from his work as a family physician, a medical director managing a multi-site community health center and a consultant visiting health centers across the country. Whether you are a physician, nurse, dentist, pharmacist, social worker, nutritionist, health educator or ancillary staff, these training modules will help you link risk management to quality management and provide you with practical suggestions for improving the quality of care delivered by your organization.

Organization: Health Resources and Services Administration

INTERESTING WEB SITE



Midwest Alliance for Health Education

<http://www.midwesthealthed.org/>

The Midwest Alliance for Health Education is a consortium of health care organizations concerned about access to quality, timely continuing professional education.

The Midwest Alliance for Health Education provides accessible distance learning opportunities for health care professionals.

Rural Assistance Center- Grant Funding Opportunities

<http://www.raconline.org/updates/health/052209.html>

The Rural Assistance Center publishes a wide variety of grant opportunities ongoing.

For additional information or questions about materials contained in this newsletter, please contact:

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Rural Health Resource Center

[HIT Incentives and State Grant Opportunities: American Recovery and Reinvestment Act of 2009](#) 

This summary, developed by the Rural Health Resource Center, describes the Health Information Technology (HIT) Incentives and State Grant Opportunities from the American Recovery and Reinvestment Act of 2009 HITECH Act. Please note that standards and policies relating to the HITECH Act are currently being developed. The Rural Health Resource Center will distribute additional information as it becomes available.

INTERESTING QUOTE:

"We must, indeed, all hang together, or most assuredly we shall all hang separately."

-Benjamin Franklin